

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
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ARTICLES OF INCORPORATION
DOMESTIC NONPROFIT CORPORATION
SDCL 47-22-6

Please Type or Print Clearly in Ink
Please submit one **Original** and one **Photocopy**
FILING FEE: \$30 payable to SECRETARY OF STATE

Article I

The name of the company:

Article II

The period of existence is:

Perpetual

Ceases to exist on a certain date and if so, what is that date? _____

Article III

The purpose(s) for which the corporation is organized:

Article IV

Check one:

The corporation will have members.

The corporation will not have members.

Article V

If the corporation is to have one or more classes of members, any provision which the incorporators elect to set forth designating the class or classes of members and stating the qualifications and rights of the members of each class.

Article VI

If the directors are not to be elected or appointed by one or more classes of members, a statement of the manner in which such directors shall be elected or appointed.

Article VII

Any provisions which the incorporators elect to set forth for the regulation of the internal affairs of the corporation, including any provision for the distribution of assets on dissolution or final liquidation.

Article X

Incorporators: The name and address of each incorporator. (one or more persons – person includes an individual or entity)

_____ Incorporator	_____ Street Address	_____ City	_____ State	_____ Zip+4
_____ Incorporator	_____ Street Address	_____ City	_____ State	_____ Zip+4
_____ Incorporator	_____ Street Address	_____ City	_____ State	_____ Zip+4
_____ Incorporator	_____ Street Address	_____ City	_____ State	_____ Zip+4
_____ Incorporator	_____ Street Address	_____ City	_____ State	_____ Zip+4

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized officer

Printed Name

Title

Dated _____

Signature of an authorized officer

Printed Name

Title

Dated _____

Signature of an authorized officer

Printed Name

Title

Dated _____

Signature of an authorized officer

Printed Name

Title